



STATE OF ARIZONA
NATUROPATHIC PHYSICIANS BOARD OF MEDICAL EXAMINERS
1400 W. Washington Ste. 230 Phoenix, AZ 85007
602-542-8242 ♦ Fax # 602-542-3093 ♦ www.npbomex.az.gov

2008 ANNUAL RENEWAL CERTIFICATE TO DISPENSE
(Printable application available online. Certificate cannot be renewed online)

To Avoid a Late fee and possible Automatic Suspension of your Certificate
Your renewal form and fee of \$150.00 is due in our office before or by July 1 of each year
If postmarked after July 1 it is considered delinquent. Include late fee of \$75.00
Duplicate Certificate for Each Additional office location: Fee \$20.00

Fees: 1. A renewal fee of \$150.00 is due for the for-profit location only.
2. A fee of \$20.00 is **REQUIRED** for all duplicate sites **for profit** and **not for profit**.

If you are renewing a Certificate to Dispense at a not-for-profit organization/Public Health Facility, the not-for-profit location does not require the renewal fee, but must still renew using this document. The fee of \$150.00 is waived.

ANY PHYSICIAN WHO SELLS NUTRITIONAL SUPPLEMENTS, HOMEOPATHIC MEDICATION, BOTANICAL MEDICATION, NON-PRESCRIPTION OR PRESCRIPTION-ONLY MEDICATION OR CONTROLLED SUBSTANCE TO A PATIENT IS REQUIRED BY LAW TO OBTAIN A CERTIFICATE TO DISPENSE FROM THIS BOARD. THIS INCLUDES DROP SHIPMENT TYPE DISPENSING.

I am renewing a Certificate to Dispense at a for-profit organization ____ Not-for-profit ____

1. **Primary Practice Location:** (If more than one office location, attach a list providing the same information requested below and a payment of **\$20.00** for a duplicate Certificate to Dispense for each office location.)

Physician Name. _____

Practice Name (if any): _____

Street Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Alt. Phone Number (____) _____

Email Address: _____

Print Legibly

2. Have you been issued a DEA Number by the United States Drug Enforcement Administration to dispense controlled substances? ☐ Yes ☐ No DEA Number: _____
3. Social Security Number: ____/____/____ (required) Certificate to Dispense # ____-____
4. Has any complaint or action been taken against you by any court or by any Federal or state agency for the dispensing of any device, substance or drug? ☐ Yes ☐ No

If YES, on a separate sheet of paper attach the following:

- A. For each complaint filed, list the name and address of the court, federal or the state agency in which the complaint was filed; and,
- B. Official Documentation of any action taken by the court, federal or the state agency; and,
- C. A complete explanation of events along with patient records.

A SIGNATURE IS REQUIRED FOR ONE OF THE QUESTIONS BELOW (5, 6, or 7)

5. To renew your certificate to Dispense:

I HEREBY ATTEST TO THE BOARD THAT I AM THE PHYSICIAN NAMED ON THIS RENEWAL FORM; THE ANSWERS PROVIDED BY ME AND ANY STATEMENT SUBMITTED WITH THE RENEWAL FORM IS TRUE AND CORRECT.

Signature _____ Date _____

6. To cancel your Certificate to Dispense:

I REQUEST MY CERTIFICATE TO DISPENSE BE CANCELED. I UNDERSTAND MY DISPENSING PRIVILEGES EXPIRE AT NIDNIGHT JUNE 30, 2007 AND THE BOARD MAY ASSESS CIVIL PENALTIES AGAINST ME IF I DISPENSE AFTER JUNE 30, 2007.

Signature _____ Date _____

7. For Exemption of fees when practicing at a public health facility or at a an not-for-profit Medical Corporation;

I VERIFY UNDER OATH THAT I PRACTICE SOLELY AT A PUBLIC HEALTH FACLITLY OR A NOT-FOR-PROFIT MEDICAL CORPORATION AND REQUEST EXEMPTION FROM FEES PUSRSUANT TO ARIZONA REVISED STATUTES. SECTION 32-1530

Signature _____ Date _____

If a disabled person needs this application in an alternative format, please contact the Board office at Voice (602) 542-8242, FAX (602) 542-3093, Voice Relay (800) 842-4681 or TDY (800) 367-8939.